

280029

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2018 - 356 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above

(Please type or print)

Submitted by: RODNEY LOVE

Telephone: 803-397-0437

Address: 3905 West Beltline Blvd  
Columbia, SC 29203

Fax: 803-988-1068

Other:

Email: RLove@metro1ems.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

RLove

## NATURE OF ACTION (Check all that apply)

- |                                                                                                                                           |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted                                                                               | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi                                                                                       | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter                                                                                    | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus                                                                                | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency                                                                              | <input type="checkbox"/> Request                                       |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van                                                                   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods                                                                            | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste                                                                            | <input type="checkbox"/> Letter                                        |
| <input type="checkbox"/> Application                                                                                                      | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order                                                                       | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate                                                                          | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension                                                                                           | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement                                                                                        | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date:

11/1/18

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. METRO ONE AMBULANCE INC.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3905 WEST BERTUNE BLVD COLUMBIA, SC 29204

Street Address of Applicant

PO BOX 2150 EVANS, GA 30809

Mailing Address of Applicant (if different from street address)

803-391-0437

Phone

803-988-1068

Fax

CST@BIRMAN@METRO1EMS.COM

Email Address

RL@METRO1EMS.COM

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Clint Steerman

Rodney Love

Applicant is financially able to furnish the services as specified in this application and submit the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="125K"/>	Loans Owed on Motor Vehicles	<input type="text" value="50K"/>
Cash on Hand	<input type="text" value="50K"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="50K"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="25K"/>	Total Liabilities	<input type="text" value="50K"/>
Total Assets	<input type="text" value="250K"/>		<input checked="" type="checkbox"/>

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings); moving equipment (hand trucks/pallets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: See attached

Stretcher \$ 150.<sup>00</sup> Base Rate (per trip)  
up to 25 mi, then \$5.<sup>00</sup> per mile

Wheel chair \$ 75.<sup>00</sup> Base Rate (per trip)  
up to 25 mi, then \$3.<sup>00</sup> per mile

Ambulatory \$ 50.<sup>00</sup> Base Rate (per trip)  
up to 25 miles, then \$1.<sup>00</sup> per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Dodge	2016 Grand Car	2C4RDGBC1E1R143666	6050 lb	man

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Metro One Ambulance Inc.  
Name of Applicant  
3905 West Beltline Blvd., Columbia, SC 29204  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 8,083.92

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Hiscox Pro  
Name of Insurance Company  
520 Madison Ave, 32nd Floor, New York, NY 10022  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina, you may do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000; 2) agree to pay a yearly self-insurance tax; and 3) agree to pay an annual assessment in the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Schmieding, Janice**

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**From:** Charlene Fulcher <CFulcher@achsinsurance.com>  
**Sent:** Tuesday, November 13, 2018 10:20 AM  
**To:** Schmieding, Janice  
**Subject:** Metro One Ambulance  
**Attachments:** 1475842846e.pdf

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While this communication may be used to promote or market a transaction or an idea, no coverage may be bound by email, fax or voice mail.

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METRO-8

OP ID: CF

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ACHS Insurance P O Box 2897 Evans, GA 30809 Michael W Carraway	706-868-1610	CONTACT NAME: Michael W Carraway PHONE (A/C, No, Ext): 706-868-1610 FAX (A/C, No): 706-860-5134 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox INSURER B: Berkely Agency, Ltd. INSURER C: Accident Fund INSURER D: INSURER E: INSURER F:
INSURED Metro One Ambulance Inc PO Box 2150 Evans, GA 30809		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MEO151678118	02/15/2018	02/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CPA4410496	05/02/2018	05/02/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCV 6108523	02/15/2018	02/15/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L. EACH ACCIDENT \$ 1,000,000 E L. DISEASE - EA EMPLOYEE \$ 1,000,000 E L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Claim			MEO1516781	02/15/2018	02/15/2019	Occurrence \$ 1,000,000 Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2016 Dodge Caravan 2C4RDGBG1GR143666

## CERTIFICATE HOLDER

## CANCELLATION

PUBLI-1

Public Service Commissioner O  
f South Carolina  
P. O. Drawer 11649  
Columbia, SC 29211

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Exhibit Fit, Willing, and Able (FWA)

Metro One Ambulance Inc.  
 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).  
☒ Yes                      ☐ No
  
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.  
☒ Yes                      ☐ No
  
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.  
☒ Yes                      ☐ No
  
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.  
☒ Yes                      ☐ No
  
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes                      ☐ No
  
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.  
☒ Yes                      ☐ No
  
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.  
☒ Yes                      ☐ No
  
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.  
☒ Yes                      ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R. 103-100 through R. 103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs. 1976), and R. 38-400 through R. 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

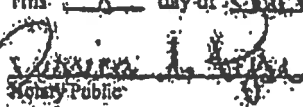
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

C.E.O. Over  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Alcon )  
SWORN TO BEFORE ME  
This 8 day of July, 2018  
  
Notary Public  
Commission Expires: 10-27-25



BELTLINE STORAGE



Modification / Extension Agreement (Commercial Lending)

This Modification/Extension Agreement (hereinafter "Agreement") dated October 27, 2018, between the undersigned Lender (hereinafter "Lender") and Borrower (hereinafter "Borrower") is made pursuant to the terms and conditions of the original promissory note, credit agreement or other instrument of indebtedness as described below (collectively "Original Instrument") (collectively, the "Note") in the name of METRO ONE AMBULANCE, INC.

Original Date: March 2012 In the Original Amount of: \$100,000.00  
 Modification No.: 00000000 Current Balance: \$100,000.00

☐ **CHANGE IN INTEREST RATE**  
 The current interest rate of the Note is Effective the interest rate will become if the new interest rate is a variable rate, the interest rate will be subject to change.

☐ **MONTHLY OR QUARTERLY PAYMENT EXTENSION**  
 It is agreed that the interest payments due on (date) be extended until the current maturity date of the Note. The next principal payment will be due (date). Interest in the amount of \$ (amount) representing interest accrued through (date) is payable with the signing of this Agreement and is enclosed herewith.

☒ **MATURITY DATE EXTENSION**  
 It is agreed that the maturity date of the Note is extended to August 2, 2018, at which time all principal shall be due and payable together with any unpaid interest and fees. Interest in the amount of \$ (amount) representing interest accrued through (date) is payable with the signing of this Agreement and is enclosed herewith. Further accrued interest is payable in monthly installments beginning January 1, 2018 OR at maturity.

☐ **OTHER MODIFICATION**  
 The Note is otherwise modified as follows:

Borrower and each Guarantor signing below understands and agrees that in modifying the Note, Lender is relying upon Borrower's representations, warranties, and covenants, as set forth in the provisions of the original Note, except as expressly modified herein. In this Agreement, the terms of the original Note (including originals and modifications thereof) shall prevail and in all cases and after, Lender's agreement to make modifications to the Note pursuant to this Agreement is no way shall obligate Lender to make any future modifications or extensions of the Note. Nothing in this Agreement shall constitute a modification of the Note. It is the intention of Lender and Borrower to render all parties, all parties, endorses, and guarantors of the original Note (including originals and modifications, extensions thereof), and the party is expressly released by Lender in writing. No notes, endorses, or guarantors will be released by virtue of this Agreement.

Borrower and each Guarantor have requested the Lender modify the Note as set forth herein, and this Agreement shall be, constitute, and represent the entire agreement between the parties hereto. The Lender has agreed to modify the Note as set forth herein, and the parties hereto have agreed to the terms and conditions of this Agreement. The Lender has agreed to modify the Note as set forth herein, and the parties hereto have agreed to the terms and conditions of this Agreement.

All of the terms and conditions of the Note and all of the other than documents relating to said Note shall remain in full force and effect, and the same are hereby in all other respects republished, ratified, and confirmed.

Borrower: METRO ONE AMBULANCE, INC.  
 By: [Signature] (Name in the position of the authorized signatory of a copy of this agreement)  
CLINT ALAN STEINBERG, CEO

THIS SECTION FOR LENDER USE ONLY

**Important:**  
 1. At least one copy of the original instrument must be retained by the Lender.  
 2. If the Lender is a member of the Federal Reserve System, the Lender must retain a copy of the original instrument and a copy of this Agreement.  
 3. At least one copy of the original instrument must be retained by the Lender.  
 4. At least one copy of the original instrument must be retained by the Lender.  
 5. At least one copy of the original instrument must be retained by the Lender.  
 6. At least one copy of the original instrument must be retained by the Lender.  
 7. At least one copy of the original instrument must be retained by the Lender.  
 8. At least one copy of the original instrument must be retained by the Lender.  
 9. At least one copy of the original instrument must be retained by the Lender.  
 10. At least one copy of the original instrument must be retained by the Lender.

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF INCORPORATION.

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Metro One Ambulance Inc
2. The initial registered office of the corporation is 139 Wexhurst Road  
Street Address
- Columbia Richland South Carolina 29212  
City County State Zip Code
- and the initial registered agent at such address is Rodney C Love  
Print Name

I hereby consent to the appointment as registered agent of the corporation

X Bohly C. Kew  
Agent's Signature

- 3 The corporation is authorized to issue shares of stock as follows Complete "a" or "b", whichever is applicable

- a ☒ The corporation is authorized to issue a single class of shares the total number of shares authorized is 10 000

6. ☐ The corporation is authorized to issue more than one class of shares

**Class of Shares**

Authorized No of Each Class

The relative right, preference, and limitations of the shares of each class and of each series within a class are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended)

- 5 The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See the applicable provisions of Sections 33-2-102, 35-2-106, and 35-2-221 of the 1976 South Carolina Code of Laws as amended)

- 6 The name, address, and signature of each incorporator is as follows (only one incorporator is required)

a Robert B. McDonald  
 Name  
3730 Washington Road, Suite B, Martinez GA 30907  
 Address  
 Signature

b  
 Name  
 Address  
 Signature

c  
 Name  
 Address  
 Signature

- 7 Robert B. McDonald an attorney licensed to practice in the state of South Carolina certify that the corporation, to whose articles of incorporation this certificate is attached has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended relating to the articles of incorporation

Date April 1, 2008

  
 Signature

Robert B. McDonald  
 Type or Print Name

3730 Washington Road Suite B  
 Address

Martinez, Georgia 30907

(706) 651-0930  
 Telephone Number

FILING INSTRUCTIONS

- 1 Two copies of this form the original and either a duplicate original or a conformed copy must be filed
- 2 If the space in this form is insufficient please attach additional sheets containing a reference to the appropriate paragraph in this form
- 3 Enclose the fee of \$135.00 payable to the Secretary of State
- 4 THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT TO CORPORATIONS (SEE SECTION 12-20 20 OF THE 1978 SOUTH CAROLINA CODE OF LAWS AS AMENDED)

Return to                      Secretary of State  
                                          PO Box 11350  
                                          Columbia, SC 29211

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